

Please type a plus sign (+) inside this box ☐

+

PTO/SB/21 (6-99)

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 5px 0;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number		10/527,101			
		Filing Date		DECEMBER 27, 2005			
		First Named Inventor		BODARY-WINTER, SARAH C.			
		Group/Art Unit		1645			
		Examiner Name		BASKAR, PADMAVATHI			
Total Number of Pages in This Submission		4		Attorney Docket Number		39766-0266 R1	
ENCLOSURES (check all that apply)							
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> AMENDMENT / RESPONSE (RESTRICTION REQUIREMENT) <input type="checkbox"/> After Final <input type="checkbox"/> Version With Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> EXTENSION OF TIME REQUEST (2 MONTHS) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Copy of Notice			<input type="checkbox"/> Copy of Assignment <input type="checkbox"/> Amendment Under 37 CFR §1.48(b) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, by Assignee to Exclusion of Inventor Under 37 C.F.R. §3.71 With Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund			<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (Please Identify Below): <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	
<input type="checkbox"/> Remarks			AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER, REFERENCING ATTORNEY'S DOCKET NO. 39766-0266 R1.				
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT							
Firm or Individual name		HELLER EHRMAN LLP			PANPAN GAO (Reg. No. 43,626)		
		275 Middlefield Road, Menlo Park, California 94025			Telephone: (650) 324-7000		Facsimile: (650) 324-0638
Signature							
Date		NOVEMBER 2, 2007			Customer Number:		25213

FILED VIA EFS
ON NOVEMBER 2, 2007

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.